



The Commonwealth of Massachusetts
Board of Building Regulations and Standards
Massachusetts State Building Code, 780 CMR, **9th Edition**

Building Permit Application To Construct, Repair, Renovate Or Demolish a
One- or Two-Family Dwelling

Town of Wellfleet Building Dept.
220 West Main St
Wellfleet, MA 02667
508-349-0309

This Section Is For Official Use Only

Building Permit Number: _____ Date Applied: _____

Building Official (print name) _____ Signature _____ Date _____

SECTION 1: SITE INFORMATION

1.1 Property Address: _____
1.1a Is this an accepted street? yes _____ no _____

1.2 Assessors Map & Parcel Numbers
Map Number _____ Parcel Number _____

1.3 Zoning Information:
Zoning District _____ Proposed Use _____

1.4 Property Dimensions:
Lot Area (sq ft) _____ Frontage (ft) _____

1.5 Building Setbacks (ft) **Is this a historical or commercial property? _____ Yes _____ No**
(circle one as required)

Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided

1.6 Water Supply: (M.G.L c. 40, §54)
Public _____ Private _____

1.7 Flood Zone Information:
Zone: _____ Outside Flood Zone?
Check if yes

1.8 Sewage Disposal System
Municipal _____ On site disposal system _____

SECTION 2: PROPERTY OWNERSHIP¹

2.1 Owner¹ of Record:
Name (Print) _____ **Wellfleet Job Address** _____
Owner's signature _____ **Homeowner's phone number** _____

SECTION 3: DESCRIPTION OF PROPOSED WORK² (check all that apply)

New Construction ___ Existing Building ___ Owner-Occupied ___ Repairs(s) ___ Alteration(s) ___ Addition ___

Wood Stove ___ Accessory Bldg. ___ Number of Units _____ **Solar** ___ Other: Specify: _____

Brief Description of Proposed Work²: _____

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs: (Labor and Materials)	Official Use Only
1. Building	\$ _____	1. Building Permit Fee: \$ _____
2. Electrical	\$ _____	2. Fire Permit: \$ _____ Other: _____
3. Plumbing	\$ _____	List: _____
4. Mechanical (HVAC)	\$ _____	Total All Fees: \$ _____
5. Mechanical (Fire Suppression)	\$ _____	Check No. _____ Check Amount: _____
6. Total Project Cost:	\$ _____	Cash Amount: _____ Paid in Full _____ Outstanding Balance Due: _____

SECTION 5: CONSTRUCTION SERVICES

5.1 Licensed Construction Supervisor (CSL)

Name of CSL- Holder _____

Street # and Address _____

City/Town, State, ZIP _____

Mailing Address **if different** _____

Telephone _____

E-Mail _____

Signature _____

License Number _____

Expiration Date _____

List CSL Type (see below) _____

Type	Description
U	Unrestricted (up to 35,000 Cu. Ft.)
R	Restricted 1&2 Family Dwelling
M	Masonry Only
RC	Residential Roofing Covering
WS	Residential Window and Siding
SF	Residential Solid Fuel Burning Appliance Installation

5.2 Registered Home Improvement Contractor (HIC)

HIC Company Name or HIC Registrant Name _____

Address _____

Signature _____

Telephone _____

E-Mail _____

Registration Number _____

Expiration Date _____

SECTION 6: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152, § 25C(6))

Workers Compensation Insurance affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the Issuance of the building permit.

Signed Affidavit Attached? Yes. ____ No. ____

SECTION 7a: OWNER AUTHORIZATION TO BE COMPLETED WHEN OWNER'S AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT

I, _____, as Owner of the subject property, hereby authorize _____ to act on my behalf, in all matters relative to work authorized by this building permit application.

Signature of Owner _____

Date _____

SECTION 7b: OWNER¹ OR AUTHORIZED AGENT DECLARATION

I, _____, as Owner or Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and behalf.

Signature of Owner or Authorized Agent _____

Date _____

(Signed under the pains and penalties of perjury)

NOTES:

1. An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will **not** have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program and Construction Supervisor Licensing (CSL) can be found in 780 CMR Regulations 110.R6 and 110.R5, respectively.

2. When substantial work is planned, provide the information below:

Total floors area (Sq. Ft.) _____ (including garage, finished basement/attics, decks or porch)

Gross living area (Sq. Ft.) _____ Habitable room count _____

Number of fireplaces _____ Number of bedrooms _____

Number of bathrooms _____ Number of half/baths _____

Type of heating system _____ Number of decks/ porches _____

Type of cooling system _____ Enclosed _____ Open _____

Debris Disposal: Debris resulting from this work shall be disposed at _____ which is a properly licensed solid waste disposal facility as required by MGL, C111, S 150A